Death Claim Form

Evolution Life is a division of OPCO 365 (Pty) Ltd, a registered Financial Services Provider (FSP9945) with Reg. No. 2001/004440/07
and underwritten by Old Mutual Alternative Risk Transfer Limited ("OMART") a licensed Life Insurer
P O Box 19610, Tecoma, 5210

SUBMISSION OF CREDIT LIFE CLAIMS: FACSIMILE 086 623 4234 | HELPDESK: 086 111 4803 | E-MAIL: creditlife@evolution.za.com
SUBMISSION OF CLAIMS FOR OTHER POLICIES: HELPDESK 086 111 4803 | FAX TO 086 623 4080 | E-MAIL realclaims@evolution.za.com

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Evolving cover. For life.

A. HOW TO COMPLETE THE APPLICATION FORM

1. Please complete the form in black ink and in block letters;
2. This form must be completed by the Main Life Assured or nominated beneficiary (in case of Main Life Assured's death)
3. Submit all forms to Evolution Life using any of the above contact details.
4. To assess the claim fully, the following documents are required.

CHECKLIST FOR SUBMISSION

4.1. An original certified copy of the identify document of the life assured (deceased); ☐
4.2. Proof of banking details, for example a bank statement with original bank stamp; ☐
4.3. Proof of residence of claimant (e.g bank statement with a full address); ☐
4.4. DHA/B1 1633 (Notification of Death); ☐
4.5. An original certified copy of the death certificate; ☐
4.6. An original certified copy of identity document of the claimant; ☐
4.7. If death was a result of unnatural causes, please submit police statement completed by the investigating officer; ☐

Evolution Life will contact you once we have assessed the claim. Depending on the circumstances, there may be other requirements over and above those listed in this document. Please ensure that you complete this form in full and meet all the requirements set out in this form to prevent delay of claim payment.

B. DETAILS OF LIFE ASSURED (THE DECEASED)

Policy Number

Names | Surname

Maiden Name (If applicable) | Marital Status: Single: ☐ Married: ☐ Divorced: ☐ Widowed: ☐

Date of Birth (D D M M Y Y Y Y) | ID number

Occupation

Name of Employer

Contact Person at Work

Spouse's Names | Spouse's Surname

Spouse's Home No. | Spouse's Date of Birth: (D D M M Y Y Y Y)

Spouse's Cell No.

C. DETAILS OF CLAIMANT (MAIN LIFE OR BENEFICIARY)

Names | Surname

Relationship to Deceased | Marital Status: Single: ☐ Married: ☐ Divorced: ☐ Widowed: ☐

Date of Birth (D D M M Y Y Y Y) | ID number

Physical Address

Postal Code

Home No. | Work No.

Cell No.

E-mail address

Occupation

Name of Employer

Do you or have you in the past held any senior government, political, or public-sector position in South Africa (including but not limited to: minister, mayor, senior government official, judge, traditional leader, ambassador, or executive of a government department or public entity)? Yes ☐ No ☐

PLEASE NOTE: That in the event of any modification or variation of this standard form, OMART through Evolution Life will regard this form as being invalid and of no force & effect.

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D. DETAILS REGARDING THE DECEASED

Cause of Death

Date of death D D M M Y Y Y Y

Place of death (where e.g. home, hospital etc. and please provide address details)

Name and address of every attending doctor, physician, surgeon and/or any other person associated with any medical industry, including traditional healers who may have attended the deceased during his illness over the past five years:

Hospital's Name	Telephone Number	Contact Person

Name of Funeral Undertaker

Name of Contact person

Physical Address

Telephone Number | Fax Number

E-mail Address

E. PAYMENT DETAILS

For your protection, payment will only be made by means of an Electronic Fund Transfer (EFT), which will also ensure a more prompt payment. This payment may only be made to the Main Life Insured / nominated beneficiary. WE WILL REQUIRE PROOF OF ACCOUNT, e.g. CANCELLED CHEQUE OR BANK STATEMENT THAT REFLECTS THE ACCOUNT NUMBER AND NAME OF THE ACCOUNT HOLDER. PHOTOSTAT COPIES OR FAXED COPIES ARE NOT ACCEPTABLE.

Bank Name

Branch Name | Branch Code | Account Type: Savings | Cheque | Transmission

Account Number

Account Holders Name

It is very important that you provide us with the correct account number and information of the account to be credited. OMART and Evolution Life will not be held responsible for delays and/or damages incurred due to incorrect provision of information.

F. DECLARATION

I hereby warrant and declare that the foregoing answers and statements are true to the best of my knowledge and belief, and that I have withheld no material fact from OMART or Evolution Life.

I agree that the written statement, and affidavits of all documents submitted in support of this claim shall constitute and are hereby made a part of this claim. I further agree that the supply of this form or of any other forms supplemental hereto by Evolution Life shall not constitute an admission by it that there is any assurance in force on the life in question or a waiver of any of its rights or defence in law.

I acknowledge and agree that any benefits payable in respect of this claim shall be forfeited if I, or anyone acting on my behalf or with my knowledge and consent, have knowingly withheld any material fact or submitted any false information in respect of the claim. I further agree that upon payment of the benefits hereby claimed, OMART shall be discharged from all liability in respect of such benefit.

I hereby authorise Evolution Life and/or its holding company or any of their affiliates or subsidiaries to request information with any registered credit bureau or other entity holding information as may be reasonably required to assess the validity of the claim instituted by me.

If any false statements are made, or if any inaccurate or false information is given by you in your forms or ancillary documentation, which may lead to your claim being approved, or any fraudulent declaration is made by you, your cover will be void and no benefits under the policy will by payable and all premiums paid will be forfeited.

In the even that a claimant is incapable of managing his/her own affairs, an appointment of a curator bonis will be required in order for Evolution Life to further assess the claim.

Signed at (place) | On (date) D D M M Y Y Y Y

SIGN HERE

Claimant's Signature

Claimant's Name (Please Print)

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